

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/748071</div>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
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**Applicant(s)**

Filing Date

\* May be used for additional claims or amendments

## CLAIMS

**AS FILED**

AFTER FIRST AMENDMENT	
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AFTER SECOND AMENDMENT	
Indep	Depend

**Indep**

**Depend**

Indep

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Total	100
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